



**PUBLIC HEALTH SERVICE COMMISSIONED OFFICER'S  
STATE TAX WITHHOLDING ALLOWANCE CERTIFICATE**

1. First Name		Middle Initial	Last Name	2. Your social security number	
<i>(Type or Print)</i>					
Home address (number and street or rural route)			3. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.		
City or town, State, and ZIP code			<b>NOTE:</b> <i>If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>		
4. Total number of allowances you are claiming .....				4	
5. Additional amount, if any, you want deducted from each pay .....				5	\$
6. I claim exemption from withholding and I certify that I meet <b>ALL</b> of the following conditions for exemptions:					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>ALL</b> State income tax withheld because I had <b>NO</b> tax liability; <b>AND</b></li> <li>• This year I expect a refund of <b>ALL</b> State income tax withheld because I expect to have <b>NO</b> tax liability; <b>AND</b></li> <li>• This year if my income exceeds \$500 and includes nonwage income, another person cannot claim me as a dependent.</li> </ul>					
If you meet all of the above conditions, enter the year effective and "EXEMPT" here .....				6	YEAR:
7. Are you a full-time student? ( <b>Note:</b> Full-time students are not automatically exempt.) .....				7	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

**Employee's signature:**

Effective Date ▷ Month, Day, Year

8. Employer's name and address		<b>USE FOR STATE TAX ONLY</b>
Department of Health and Human Services Program Support Center Office of Commissioned Corps Support Services/HRS ATTN: Compensation Branch 5600 Fishers Lane, Room 4-50 Rockville, MD 20857-0001		
		STATE OF _____

Public Health Service Commissioned Officer's  
State Tax Withholding Allowance Certificate  
PHS-6353

**Privacy Act Notice**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS, and 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS.

This information is used to certify entitlement to the number of State withholding allowances claimed on the certificate or entitlement to claim exempt status for State withholding allowance purposes. This information will be used only as necessary in personnel and pay administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems of records may be obtained by contacting the office to which you submit this form.

Effects of Nondisclosure: Disclosure of the Social Security Account Number (SSAN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. The SSAN is also used to distinguish a record from those commissioned officers who may have similar names and dates of birth. Failure to provide the information will result in accumulating a State taxable wage based on the individual's home of record. All statements are subject to verification.